

Thomas M. Menino
Mayor



Daphne Griffin
Executive Director

CAMP JOY SUMMER 2008 CAMPER APPLICATION



Please mail or drop-off original applications to:

Boston Centers for Youth & Families
1483 Tremont Street
Boston, Massachusetts 02120
Attention: Nicole DaSilva

**Enrollment will be open from February 11th—March 17th.
Space is limited to the first 360 completed application!**

(Incomplete or illegible applications will not be accepted.)

"This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local board of health."

CAMP JOY SUMMER 2007 CAMPER APPLICATION



CAMPER INFORMATION:

Camper's Name: _____

Birth Date: _____ Age: _____

Address: _____ Zip: _____

Name of Parent/Legal Guardian: _____

Telephone Number: _____ Camper Sex: (M) (F)

Race (for State Report Only): _____

Camper's Shirt Size (Please Circle One): **Children** S M L **Adult** S M L XL

Camper's home language: _____

EMERGENCY CONTACTS:

In case of emergency if parent/guardian is unavailable, please contact:

Name: _____

Telephone #: _____

Address: _____

Name: _____

Telephone #: _____

Address: _____

Camper's Name: _____

EMERGENCY CONSENT AND RELEASE

If a situation arises in which my child is in need of prompt medical attention and I, or my designee (emergency contact), cannot be contacted, I hereby grant permission to a responsible member of the Camp Joy staff to authorize treatment for my child.

PARENT/GUARDIAN SIGNATURE

DATE

ACKNOWLEDGEMENT

The undersigned acknowledges that, in consideration of the opportunity to participate in the City of Boston's therapeutic recreation program, neither the City nor any of its employees are liable in the event of illness, injury, accident or death which may occur while my child or the participant is engaged in the program, is traveling to or from the program, or is engaged in any function of the program. This acknowledgment does not relieve the City or its employees from claims based on gross negligence, or intentional or reckless conduct.

The undersigned further acknowledges that if any child or the participant does not conform to the standards and organization of the program or if the directors of the program judge that the behavior of my child or the participant endangers himself/herself or the welfare of others in the program or the program itself, (s) he may be dismissed from the program upon written notice.

PARENT/GUARDIAN SIGNATURE

DATE

PHOTOGRAPHIC RELEASE

Please read and sign this photographic release. Please note that it is not necessary for you to sign this portion of the release for your child to attend Camp Joy. However, it would be to our convenience if you would sign this section.

I hereby give my consent to Camp Joy to photograph my son/daughter without limitation to use such pictures and/or stories in connection with any of the work of Camp Joy without consideration of any kind and I do hereby release Camp Joy and Boston Centers for Youth & Families from any claims whatsoever which may arise in said regard.

PARENT/GUARDIAN SIGNATURE

DATE

GENERAL INFORMATION:

Does camper communicate verbally? (Y) (N) _____

What school does your child currently attend? _____

Does your child need assistance using the bathroom? _____

Did camper attend Camp Joy last summer? (Y) (N) What location? _____

Does the camper have any hobbies? _____

Can your child participate in physical activities? (Y) (N) If yes, list any necessary accommodations:

Please list any other precautions or behaviors that the camp staff should be aware of:

PLEASE HAVE THE CAMPER'S PHYSICIAN COMPLETE AND
SIGN NEXT TWO PAGES

CAMP JOY * BOSTON CENTERS FOR YOUTH & FAMILIES
Camper Application—Medical Section

Note: This section **MUST** be completed and signed by a physician

Camper's Name: _____

Diagnosis: (Medical Term) _____

(Layman's Term) _____

Is camper subject to allergic reactions? (Y) (N) If so, please specify: _____

Is camper medicated? (Y) (N)

Type: _____ Dosage: _____

Type: _____ Dosage: _____

Time(s) administered: _____

How is medication administered? _____

Will it be necessary for camper to take medication during the camp day? (Y) (N)

Is camper subject to seizures? (Y) (N) Are they controlled? (Y) (N)

To your knowledge, is the camper suffering from or has (s) he recently been exposed to any contagious disease? _____

Does camper have any dietary restrictions? _____

May camper participate in carefully supervised swimming activities? (Y) (N)

May camper participate in a physical education program? (Y) (N)

Are there any precautions which should be noted? (PLEASE SPECIFY) _____

Does camper live in a group home: _____

Camper's height: _____ weight: _____

Does the camper use any other type of adaptive equipment? (Y) (N)

If yes, please explain: _____

Camper/Family Caseworker: _____

Agency: _____ Telephone: _____

_____ M.D. _____

Physician's Signature

Print/Type Physician's Name

PHYSICIAN'S SIGNATURE REQUIRED

BOSTON CENTERS FOR YOUTH & FAMILIES – CAMP JOY

CAMPER IMMUNIZATION FORM Required Immunization for Campers and Staff

CAMPER'S NAME: _____

Signature of a physician or a nurse in the name of a physician is required to meet the State of Massachusetts' requirements for summer day camps.

	For Campers & Staff < 18 years or age	For Campers & Staff ≥ 18 years of age	<u>Date Issued</u> Must be completed by a physician
MMR 1	2 doses measles, 1 dose mumps 1 dose rubella	2 doses measles 2 1 dose mumps 2 1 dose rubella	
POLIO	≥ 3 doses of either inactivated polio-virus vaccine (IPV) or oral poliovirus vaccine (OPV). If mixed schedule or IPV/OPV was used, 4 doses are required	No Requirement	
DTAP/DTP/ DT/TD	≥ 4 doses DtaP/DTP/DT or ≥ 3 doses Td3 A booster dose of Td is required for all campers and staff who will be entering <ul style="list-style-type: none"> grades 7 – 10 if it has been more than 5 years since the last dose of DtaP/DTP/DT; grades 11 & 12 if it has been more than 10 years 	≥ 3 doses DtaP/DTP/DT/Td. A booster dose of Td is required if > 10 years since the last dose of DtaP/DTP/DT/Td vaccine. (Tdap is also acceptable.)	
HEPATITIS B	3 does for all children born on or after January 1, 1992	No requirement	

_____ M.D. _____

Physician's Signature

Print/Type Physician's Name

PHYSICIAN'S SIGNATURE REQUIRED

CAMP JOY * BOSTON CENTERS FOR YOUTH & FAMILIES
Camper Application

PARENT/GUARDIAN CHECKLIST

Before returning this Camp Joy Camper Application, please check (✓) to see if the following sections are accurately completed:

() MEDICAL REPORT:

Including the Immunization Section (this section **MUST** be completed by a physician).

() EMERGENCY NAME and TELEPHONE NUMBER:

Must be different from home telephone number—keep in mind that this information is needed for your child's safety. Please contact the Camp Joy office if this information changes at any time.

() ACKNOWLEDGEMENT and RELEASE SECTIONS:

MUST be signed by Parent/Guardian in order for camper to be eligible to participate in the Camp Joy Program.

() NON-REFUNDABLE FEE:

Please make **money orders** payable to the **Citywide Board/Camp Joy**. Payment is due at time with the completed application.

- **Parent/Guardian fee is \$175.00 for your first child and \$50.00 for each additional sibling.**
- **Agency fee is \$200.00 for each child. (Hospitals, Human Services Agencies, Head Start, etc.).**

NO PERSONAL CHECK OR CASH will be accepted.

() GOAL PAGES FROM CURRENT IEP(INDIVIDUAL EDUCATION PLAN):

Please send copies if your child is enrolled in a special educational program.

A letter from your child's doctor will be accepted if you do not have an IEP.

**YOUR CHILD'S CAMP JOY APPLICATION WILL NOT BE PROCESSED
UNLESS ALL OF THE ABOVE HAS BEEN COMPLETED!**

COMPLETED APPLICATIONS WILL BE PROCESSED FIRST!

“This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local board of health.”